

SERFF Tracking Number:	HHRN-126094403	State:	Arkansas
Filing Company:	Household Life Insurance Company	State Tracking Number:	42169
Company Tracking Number:	09-008		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	General Change Endorsement		
Project Name/Number:	General Change Endorsement/09-008		

Filing at a Glance

Company: Household Life Insurance Company

Product Name: General Change Endorsement SERFF Tr Num: HHRN-126094403 State: Arkansas

TOI: L08 Life - Other SERFF Status: Closed-Approved- State Tr Num: 42169
Closed

Sub-TOI: L08.000 Life - Other Co Tr Num: 09-008 State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Deborah Fisher, Joanne Schaffeld

Date Submitted: 04/21/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: General Change Endorsement

Project Number: 09-008

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/23/2009

Deemer Date:

Submitted By: Deborah Fisher

Filing Description:

Commissioner of Insurance

RE: Household Life Insurance Company - NAIC #0352-93777

Form HLI-9-201-0309 - General Change Endorsement

Dear Commissioner:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Exempt from filig in
state of domicile, Michigan

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/23/2009

Created By: Miloslav Dait

Corresponding Filing Tracking Number: 09-008
AR

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On behalf of Household Life Insurance Company, please find for your review the above captioned Ordinary General Change Endorsement. This form is new and will not replace any previously filed or approved form. This form will be issued in the same manner as the original documents, with any existing or future Individual Term or Whole Life policy approved by the insurance department issued in conjunction with Household Life Insurance Company programs.

Endorsement Form HLI-9-201-0309 will be used to notify insured policyholders of errors made on individual life policies that have been issued. This endorsement will be used to correct errors, add or delete any applicable forms or riders that are made part of the policy, or make policy changes at an owner/insured's request such as exercising the Paid Up Term provision. This endorsement will not limit, restrict, exclude or otherwise reduce benefits.

We request approval of bracketed information on a variable basis. A statement of variability is enclosed. Please note that we may change the appearance, formatting and pagination. No font will be less than a 10-point font size. The color and/or weight of the paper on which these forms are printed may change. We reserve the right to correct typographical errors without re-filing.

This endorsement is exempt from filing in the company's state of domicile, Michigan

Thank you in advance for your prompt consideration of this matter. If you have any questions, or if we may assist you with any aspect of this approval project, you may contact me at 1-800-443-7187, Ext. 6-2208 or you may e-mail me at debbie.a.fisher@us.hsbc.com.

Company and Contact

Filing Contact Information

Joanne Schaffeld, Manager	jmschaffeld@household.com
200 Somerset Corp. Blvd	908-203-2213 [Phone]
Suite 100	908-203-4230 [FAX]
Bridgewater, NJ 08807	

Filing Company Information

Household Life Insurance Company	CoCode: 93777	State of Domicile: Michigan
500 Woodward Ave.	Group Code: 352	Company Type:
Suite 4000	Group Name:	State ID Number:
Detroit, MI 48226	FEIN Number: 38-2341728	
(800) 443-7187 ext. [Phone]		

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	Yes
Fee Explanation:	\$20.00 per endorsement if filed separate from the policy.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Household Life Insurance Company	\$20.00	04/21/2009	27310597

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/23/2009	04/23/2009

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Disposition

Disposition Date: 04/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Statement of Variability		Yes
Form	General Change Endorsement		Yes

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Form Schedule

Lead Form Number: HLI-9-201-0309

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	HLI-9-201-0309	Policy/Cont General Change ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			04-13-09 HLI-9-201-0309 final.pdf

HOUSEHOLD LIFE INSURANCE COMPANY

[Home Office: 500 Woodward Avenue, Suite 4000, Detroit, MI 48226-3425
Administrative Office: 200 Somerset Corporate Blvd., Suite 100, Bridgewater, NJ 08807
800-443-7187]

ENDORSEMENT

This Endorsement is to be attached to and form a part of Policy [number ABC123_____]. The effective date of this Endorsement is January 1, 2009.

[The Policy will remain in full force as originally written except as changed below.] [The policy form is amended in the following manner:]

[

]

All other parts of the policy form remain unchanged.

In Witness Whereof, Household Life Insurance Company has caused this Endorsement to be executed in accordance with the effective date above.

[



PATRICK A. COZZA
Chief Executive Officer & President



ANTHONY J DEL PIANO
Secretary

]

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification		
Bypass Reason:	Not applicable to this filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not applicable to this filing		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment:			
04-14-09 SOV Final.pdf			

HOUSEHOLD LIFE INSURANCE COMPANY

GENERAL CHANGE ENDORSEMENT

Statement of Variable Material
Variability is denoted by bracketing

Form: HLI-9-201-0309

- Company address and phone number may be subject to change.
- The policy number may be changed as required.
- The effective date may be the policy date of issue or the date of the endorsement.
- One of the following statements will appear or not appear as required by the endorsement: [The Policy will remain in full force as originally written except as changed below.] [The policy form is amended in the following manner:].
- The endorsement may be completed as applicable to the revisions required.
- Titles and Signatures of officers are subject to change should these officers change position, leave and/or new officers elected.